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ABSTRACT

Accidents are the first cause of crippling and, many times, of death, among older people. To help reduce the possibility of accidents among older people, the Administration on Aging and the National Safety Council have joined in preparing this booklet--a course of instruction in safety and accident prevention for Older Americans. It spells out positive methods for averting dangers in sufficient detail to permit its use by volunteer instructors--members of organizations and community agencies--not necessarily previously trained in accident-prevention instruction. Included in this booklet is a list of national and state organizations and agencies to contact for assistance. (Author)

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HANDLE yourself WITH CARE

an
Instructor's Guide
for an
Accident Prevention
Course for
Older Americans

CG 010 459

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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An Instructor's Guide for an
Accident Prevention Course for OLDER AMERICANS

By
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Prepared by
The Administration on Aging
and the National Safety Council

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Foreword

ACCIDENTS are the first cause of crippling and, many times, the cause of death of older people. Moreover, what might be "small accidents" to younger people, frequently have more serious consequences and longer-lasting effects when the person involved is an older person.

It is often a very minor thing—a correctible thing—that causes a serious accident. Sometimes all it takes to prevent this is an awareness and appreciation of possible dangers and an affirmative attitude toward safety precautions.

To help reduce the possibility of accidents among older people, the Administration on Aging and the National Safety Council have joined in preparing this course of instruction in safety and accident prevention for Older Americans. It spells out positive methods for averting dangers in sufficient detail to permit its use by volunteer instructors—members of organizations and community agencies—not necessarily previously trained in accident-prevention instruction.

It is recommended that before a course is undertaken, the potential sponsoring organization or agency signify its intention to its State agency on aging, listed elsewhere in this Guide, and its local Safety Council or most appropriate community agency. These organizations can be of invaluable help in planning, providing local statistics, teaching and audiovisual materials, authoritative guest speakers, and in informing older people about courses to be undertaken.

Because the present accident statistics for older people are serious, we decided to take action to try to change the picture in the future. That is why the Administration on Aging is concerned with this program. We can, however, succeed only with the help of concerned and interested people throughout the country.

U.S. COMMISSIONER ON AGING

Introduction to the Course

THIS GUIDE is intended truly only as a guide. As an instructor or discussion leader we urge you to take its ideas and suggestions and develop them in your own words and ways.

You will need to be well acquainted with community resources, with the special accident problems of the local community, and with general group-discussion techniques.

You will need to assimilate considerable material on safety and accident prevention, and to have a basic understanding of older people. The method of operation in each class will, of course, be influenced by the people in that class.

Your job as instructor is to stimulate the members of your classes to think, to express their ideas and opinions, and to take further action on their own. Essentially, you must first of all be interested in people and want very much to help them prevent accidents.

The course is written to provide sufficient specific material for an instructor not previously versed in accident prevention information, or for a volunteer, who, although an accident-prevention expert, is not used to giving public instruction.

It is designed for flexibility. It is divided into four class sessions, plus supplementary materials on each topic. Not everything will be used by every instructor. Each of the suggested classes may be divided into several, if desired. It is not wise to try to crowd too many specifics into a single teaching session.

The first three lessons cover safety in the home, with I and II devoted principally to prevention of falls, and III to fire prevention and escape. Lesson IV is concerned with safety outside the home as pedestrians or drivers. Sources of assistance are listed on pages 40–43.

If you are an experienced conductor of programs and are used to training techniques, you will not need the detailed explanations of scene-setting, procedures, audiovisual aids, etc., of the next few pages and may wish to skip directly to Lesson I, page 6. However, the information on pages 4–5 concerning recruitment of "students" in the particular age bracket involved in this course, may be helpful if your experience has not previously been with older people.

General Preparations for All Meetings

Before each meeting, the discussion leader will have to set the scene.

A circular or semicircular arrangement of chairs can be used; the semicircle is best if there is to be a focus on a film or any kind of visual presentation.

Keep each class small enough to permit real participation by all and to make it possible for the leader to get to know the individual members of the group. Greet individuals as they arrive and make them feel welcome.

Room temperature is important—warm enough but not too warm, with good ventilation—otherwise drowsiness, inattention, and discomfort will cut down on the effectiveness of the program.

Important for all audiences, but probably more important for older people, are brief intermissions, providing time to stretch, to move about, to discuss, and to relax a little from concentration on the instruction. Don't, however, let such "breaks" last too long. Have a definite time or signal for bringing your audience together again.

Audio-Visual Aids

Class instruction is more effective when visual aids, such as charts, blackboards, models, maps, flannel boards, films, filmstrips, slides, posters, and other illustrative materials are used. The use of some of these aids is specifically called for in the following lesson plans. Information on how to obtain the films, slides, and publications listed is given on pages directly preceding each lesson.

There are a great many additional visual aids you can develop locally. We have not been able to produce all the slides and other illustrative material which might enhance the course—you can do many for yourself.

The easiest—if you can draw—would probably be simple chalk drawings on a blackboard—erasing or adding to fit text. For example—first show clutter at top of step which might cause a fall, then to remove it just erase to show the safer situation. Or first show stairway without handrail or tub without grab bar and then draw them in.

Opaque projectors may usually be borrowed from local schools or libraries and would make possible the use of a wide variety of visual material. If one is available to you, you can use magazine illustrations in full color, newspaper headlines and clippings, drawings, book covers, photographs, almost anything that's printed to help illustrate your story of accident prevention.

If you are a reasonably good photographer —you can take before and after pictures, showing accident-productive and accident-preventive situations. You could simply display enlarged photographs or have them made into slides.

Demonstrations can be most effective. In discussing safety in the kitchen, for example, it is much easier to show rather than to put in words how pots and pans should be placed on the stove, or how the lid should be lifted to protect the individual from escaping steam. In discussing safe heating devices, you can show actual models—good and bad—and the kind and location of labels which indicate compliance with safety standards. Additional suggestions concerning demonstrations are made in Lesson III.

You should practice use of visual aids in advance, by running the film, drawing the diagrams, and planning demonstrations. Props are not always easy to use and equipment should always be checked. When appropriate, class members should be asked to help—in demonstrations and in handling props and equipment; perhaps in actually preparing exhibits of visual materials.

In using slides, by all means try them first in a lighted room and see if they will project clearly enough without the interruption to the flow of the lesson that darkening the room would cause. There are, of course, daylight screens for sale or rent which do not require "lights out."

Presentation

You should master lesson content and delivery as thoroughly as possible before class presentation. Know what you are going to be talking about, and the order and method of presentation. Keep your instruction interesting. It is much better to teach in your own words and manner than to "read" the lecture.

Encourage group discussion and participation. Give class members opportunities to ask questions and express their ideas. Let them tell of experiences related to the class topic that will be of value to the whole class. However, don't hesitate to bring discussions to an end, as the allotment of time for each subject is limited.

If you don't know the answer to a question, say so. If the question is worthwhile, try to *find* the answer after class for later presentation. You might also ask class members to look up desired information.

Whenever possible, personalize your discussion. Make it specifically what each individual needs to do to increase his or her efficiency and safety in living.

Localize your discussions also. Safety is a national concern affected by local conditions and attitudes. National statistics have *shock* value. Local statistics bring the matter much closer home. They have *motivation* value.

Local teachers may be able to offer you valuable advice on effective methods of presentation.

Guest Instructors

Give guest experts or instructors an outline of what you want them to cover and the time allotted for their presentations. Invite guest speakers well in advance, and follow through with reminders of place, date, and time. Give them a clear picture of content and purpose of the whole class and how they will fit into it.

Your local police, fire and traffic agencies, and local safety council are all sources of "experts." Other suggestions are given on page 40.

Procedures

In several of the class sessions which follow, we have designated specific times within the lesson for showing of a particular film. You, of course, may alter this schedule as you wish.

Some sessions can be effectively *begun* by the showing of a film. It helps bring the group to attention, unites the point of view, and starts everyone thinking about the topic of discussion.

If a film is shown first, ask your audience for questions and comments following its showing. Personal experiences evoked by the film's contents will be of interest—provided no one person is allowed to talk more than approximately 3 minutes at a time.

Other sessions might well be *climaxed* by the showing of a film. After specific points have been made in class discussion, such a dramatic presentation could reinforce and emphasize them.

As instructor you should be thoroughly familiar with the content of any film you plan to use so you can introduce it properly and follow it with pertinent questions. And be sure it is wound correctly on its reel ready for showing.

Outdoor expeditions in connection with traffic safety, particularly focused on pedestrian practices, might be planned with local traffic authorities.

Reaching Older People

There are a great many potential ways to acquaint older people in your community with the course and its purpose. The task is to reach them—to let them know there is training available to them.

You probably have longtime channels of communication of your own and a pattern of working through certain local organizations or key individuals in community affairs. You will want to continue to use these contacts, and you should.

But, there are other possible sources that should be contacted:

- ***Local Senior Centers***
  If they are well established and in quarters of their own, you may find a *place* for your classes as well as people for them.

- ***Senior Citizens Clubs***
  Differing from Centers in not usually having a full-time or permanent meeting place of their own, but just as interested in new activities and experiences.

- ***Local school and library officials, particularly those involved in adult education activities.***

- ***Local Social Security offices, where many older people come each day.***
- ***Physicians.***
- ***Your own parents or those of friends.***

News stories in local papers and on local radio or TV announcing plans for holding such a course, will be useful. Local radio or TV stations might indeed become sufficiently interested to develop public service spots or programs on the subject of Safety for Seniors. Posters are always good attention getters if they are good posters.

Remember Many People Are Not Aware of What Exposes Them to Danger

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CHECKLIST

Preparations Before Class

- ✔ Procure and arrange comfortable chairs in sufficient number and effective layout.
- ✔ Check ventilation and temperature of the room.
- ✔ Have equipment for motion picture projection ready, if needed.
- ✔ If other visual aid or demonstration equipment is to be used in the program, have it ready.
- ✔ Have consultants or guest speakers present on time. Prepare them ahead of time for general content and purpose of the meeting and their specific part in it.
- ✔ Plan to allow time for questions following films.
- ✔ Know what you are going to be talking about, and the order and method of presentation.
- ✔ Have any handout material ready in sufficient quantity.

Lesson I

Dragons in the Home

Objectives:

1. Introduction to the whole course—statement of general statistics and the fact that something can be done to prevent accidents.

2. A specific alert to dangers in the home and beginning of description and discussion of home accidents with stress on falls as they affect older people. This will be continued in more detail in Lesson II.

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Teaching Materials and Resources

Film, "A Matter of Seconds," (29-minute, color, 16mm on accident causes and prevention) obtainable on a loan basis from the National Safety Council Home Department, 425 North Michigan Ave., Chicago, Illinois 60611.

Film projector and screen.

Booklet, "Handle Yourself with Care," to be furnished to Instructor by AoA, and a home assignment sheet to be handed out at end of Lesson I for use at home.

The text of the home assignment sheet is included at end of Guide, page 45; it will need to be duplicated by the Instructor to provide a copy for each trainee.

Local accident statistics available from your traffic agency, health department, or safety council.

Additional optional visual aids are listed where appropriate in the "What to do" column.

What to do	*What to say*
Introduce yourself and any guest speakers to the class.	The need and desire to be independent and useful are universal. Each of us, to a greater or lesser degree, wants to be needed, we want to be left alone to make our own decisions. We want to take care of ourselves as long as possible, and that is the way it should be.
Ask each class member to introduce himself.	
Emphasize at beginning of the course that questions and discussion are encouraged.	In essence, this is what we will be discussing in this course—the ways and means of maintaining our independence and freedom, for this is precisely what accident prevention is all about.
	It would probably be more fun to be on a picnic, attending a concert, or taking a trip, than being here today talking about safety and accident prevention. But the point is, one simple accident could prevent us from doing any of those things for a long time. And beyond all of this, accidents can prevent us from doing the one great thing we all need to do, and that is to take care of ourselves and our loved ones.
	A fall, resulting in a broken arm, or fractured hip, or a leg in a cast, would certainly cause us to become dependent on someone else.
Place these statistics on the blackboard or on a flip chart or flannel board.	Thousands of disabling injuries occur each year. Listen to these figures: Eleven million people last year suffered a disabling injury because of accidents. Even more serious, over 113,000 people were killed because of accidents.
(Optional illustration—you might hold up a group photograph at this point—a family group or crowded street scene.)	It's true, statistics are usually very cold and impersonal and we have a great deal of trouble identifying ourselves with them. I wonder, have you ever given any thought to this? In a group photograph, who is the first person that you look for? Yourself of course.
(Optional illustration—stock pages of local paper.)	Or, those of you who own stock—when you look in the paper to see how the stock is doing, what stock do you look for first? Your own.
	In your dreams, who is virtually the central figure? You are. All of this tells us something that we already know. We are self-centered individuals. This is not said as criticism; it is simply a fact of life. It is human nature to look out for ourselves. Of course, there are times when we overcome or should overcome this "self-first" attitude, but usually we respond to things that affect our own comfort, happiness, and finances.

What to do	*What to say*
(Optional—illustration of accident.)	Now let's take a look at another picture. This time the scene is an accident. Someone has been hit by a car or someone has fallen down the stairs or someone's house is on fire. Most likely, we don't look for or see ourselves in one of these pictures. We have already heard—"113,000 people are killed in accidents and thousands more are injured." Most likely we don't connect ourselves with these statistics either. Do you smoke cigarettes? Do you think the figures given by the Surgeon General's office on danger of smoking apply to you? We read about fires, falls, and poisonings and all we do is simply shake our head and say, "It's a pity, but it will never happen to me." Yes, accident statistics are cold and impersonal things and they always apply to someone else. Or do they?
Place these statistics on the blackboard or on a flip chart.	When we tell you that there were nearly 30,000 people over 65 years of age killed last year from accidents, we want you to know that we are talking about something very personal—ourselves. When we say thousands more lost their independence because of disabling injuries, we want you to say more than "pity." I wonder if you realize that accidents to people over 65 are the third leading cause of death for that age group. The majority of these accidents happen in the home and not on the streets, as so many think. Almost half of all accidents to older citizens (49 per cent) happen in the home; another 25 per cent are motor vehicle and pedestrian accidents.
Place local statistics on blackboard and discuss.	Remember, we are talking about ourselves here, no one else. In our own community, accidents involving older people totalled _____ last year. For persons over 65 years, the stay in the hospital due to accidents is longer than for most diseases. And even though people over 65 comprise only 9 percent of the population, they account for 26 percent of all accidental deaths; 10 percent of all bed-disabling injuries; 13 percent of all hospitalized accident patients; and 11 percent of the cost of accidents.
(Optional illustration—old and new cars.)	A very appropriate question at this point would be, "Why are we, as older people, so often the victims of accidents?" One reason might very well be that the unfamiliar can often cause an accident. Not knowing how to drive our high-powered modern automobiles can certainly present many hazards. Since

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What to do	*What to say*
(Optional illustration—narrow roads and modern turnpikes.)	most of us who do drive, learned to drive on narrow, two-lane roads, our new, exceptionally busy and confusing superhighways involve us in many accidents. Not being familiar with the workings and equipment in our modern homes can also leave us wide open to accidents. If we are looking for other reasons why we as older people are so susceptible to accidents, it is suggested that as we grow older we may experience a loss in vision, hearing, and the sense of smell. In other words, we can't so easily see that bottom step or piece of furniture standing in our pathway. As we grow older, we can't so easily hear or see that oncoming car. With age, we can't so easily smell that escaping gas or feel the extreme heat of scalding water in the bath tub. Also, we like, or need, to test ourselves. This is true of all people and all ages. The young child likes to see how high he can climb in the tree and the 75-year-old man just has to see if he can climb up and change the light bulb. The need for self-testing seems to increase with age. We have to prove, if not to others, at least to ourselves, that we can still do what we used to do at age 30. And the truth of the matter is, that at 75 I will have greater physical limitations than I had at 30, and at 30 I have greater limitations than I had when I was 15. Realizing and accepting this, I guess is what they mean by "growing old gracefully." It certainly can have a lot to do with growing old *safely*.
Write on the blackboard or a flip chart— **"Safety Is Positive!"** **"Safety Is The Right Way!"**	A newsletter from New Zealand, "The Later Years," makes the very appropriate comment: "Safety is positive. It is doing things the right way. It is being interested in the welfare of others. It is a contribution to good living, to good government and respect for law and order, to efficient production and to the well-being of every individual." We could easily add to this: "Safety is the protector of your independence. Safety gives you the ability to go where you want, and when you want. Therefore, safety helps provide you with your self-respect, your economic independence, and your right to happiness." Because safety is positive—this course will also be positive. We hope, in this course, to show you the "right way," the safe way to live, the way to lick some of these ominous statistics. The course is divided into four lessons. Because most accidents to older people happen in the home, the remainder

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What to do	*What to say*
	of this lesson and Lessons II and III will be devoted to safety in the home. In Lesson II we will concern ourselves with preventing falls. In Lesson III we will discuss fire prevention. Lesson IV—our final lesson—will be concerned with safety outside of the home as pedestrian and driver. We will have a take-home safety leaflet for you as a reminder of our lessons.
Break	We will take a short program break now—10 minutes to stand up and stretch and move about a little and then we will come together again to see a movie.
After break—introduce the film, "A Matter of Seconds." This film is on a free-loan basis from: National Safety Council Home Department 425 N. Michigan Avenue Chicago, Ill. 60611 or from Merck, Sharpe & Dohme Film Library c/o Ralph Lopatin Productions 1728 Cherry Street Philadelphia, Pa. 19103 Check first with your local or State Health Department or local Safety Council.	We will now see a film about three people in a nursing home. Like us, they would much rather be on a picnic or traveling. Like us they would even prefer to be in their own homes doing their daily housework and preparing their own meals. They are in a nursing home because all three have suffered from accidents, resulting in a disabling injury. They are in a nursing home because their homes and/or their actions in those homes were not safe—were not planned—were not done the right way. In this film, by watching their mistakes, we will find out some things not to do, and then at the end of the film, we will learn many things that we should be doing so that our individual homes will be much safer.
Show Film	You may have had similar experiences to those in the film and we can discuss these experiences after the movie ends. This film is very appropriately called, "A Matter of Seconds" —that is all the time it takes for an accident to result in a lifetime of injury and pain.
Following film allow time for discussion. Ask for an exchange of experiences related to those shown in the film—either concerned with the causes of accidents, or remedies for unsafe conditions in the home. This is a very personal part of the discussion. Many hazards will exist for all members, but each will be a little different and time should be given for discussion of these shades of difference.	

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What to do	*What to say*
At end of discussion distribute leaflet and home assignment sheet. (See page 45.)	Now, we have two things to give you to take home. First, a copy for each of you of the little booklet on safety I mentioned earlier—*Handle Yourself With Care.* It was written for you by the Administration on Aging of the U.S. Department of Health, Education, and Welfare in cooperation with the National Safety Council. I think you will enjoy it and find it useful. It will remind you of things we have talked about in this lesson and will give you a preview of some of the other ideas we will be discussing in future classes. Second, here is a home assignment sheet for you to take with you and fill out. It's a checklist of possible hazards in your home—"dragons" the booklet calls them. It should help you spot the dangers and remove as many as possible. So bring in a list of your dragons to our next class—or a report of your good safety practices and arrangements you have made. We'll welcome a real discussion next session on personal approaches to planning home safety. Above all don't let the checklist of home dangers give you the impression that it isn't safe to get up in the morning. Far from it. The purpose of this course is not to frighten or discourage you. In fact, its very purpose is to encourage you toward safer living so that it will be worthwhile getting up.
(Optional—blowups of illustration(s) from leaflet, Handle Yourself With Care.)	I know safety measures are not always easy to provide at home. In industry, trained personnel constantly inspect and improve machinery, environment, and procedures. Rules are established, practices enforced, bulletins posted, and penalties charged. But in the home, there is no safety engineer—except yourself—to inspect your lighting, stairway, poison, or fire hazards. But the beauty of planned safe living, of accident prevention applied is that you can eliminate a lot of dragons in one fell swoop—sometimes just by recognizing them. Once you learn your safety lessons and make your safe living plan and adjustments, the big dangers—at least at home—will be under control from then on. Your daily part in the war against them will only be to continue to be aware of the need for care, and alert to any changes that may pose new threats. So use the checklist and bring in any safety problems you find, and we can plan together how to correct them.

Lesson II

How To Fallproof Your Home

Objectives:

Continuation of home safety "do's and don'ts" begun in Lesson I, keyed now specifically to individual problems and solutions in the home situation of class members. It would be well to schedule Lessons I and II reasonably close together, perhaps both in the same week.

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Teaching Materials and Resources

A set of 18 slides on falls prepared by AoA. A limited number of sets of this slide series are available on a loan basis from your State agency or AoA. Since their availability may affect your lesson scheduling, early arrangements to obtain them should be made.

Slide projector and screen.

Blackboard.

Completed home assignment sheets from Lesson I.

Optional illustrations and handouts suggested in Lesson could be produced locally.

What to do	*What to say*
Greet class	I hope that since our last meeting you have looked about your home with new eyes—and I hope that you read your booklet and tried to apply its facts and our discussion to your own homes and your safe or unsafe methods of housekeeping. During our session today we will talk specifically about your individual problems and solutions.
Lead the class in a discussion of their assignment from the last meeting.	**1. How did you do with our assigned questionnaire?** **2. What did you find in your home that should be changed to make it safer? Will you have problems in making the changes?**
After general discussion	Many of the hazards you have reported are those causing falls. If you ask the average man what happens when a person falls, he will probably tell you that falls bruise or break bones. In reality, falls are the Number One Killer in American homes. Even when a fall does not kill, it can inflict a severe fracture that requires long hospitalization and convalescence, and these can end physical independence and deplete your savings.
Write these statistics on blackboard or on a flipchart.	Although persons of retirement age total only about 10 percent of the population, they suffer approximately 80 percent of the home fatalities. Among those over 75, more are killed by falls than by motor-vehicle mishaps. Let us learn in this course how to beat these statistics. Today—how to "Fallproof" our homes.
(A limited number of sets of the following series of slides may be obtained on a loan basis from your State agency on aging or AoA in Washington, D.C. Time them to fit narration. If you must put room lights out to show the slides, be prepared with a reading light for your narration.)	Although the conditions involved in a fall can appear quite trivial, when coupled with carelessness, they are enough to cause an accident. We have some slides to show you, on this point.
***Show slide #1—** showing a fold in a carpet with arrow pointing to it.*	One study, completed a few years ago, shows that people fall and suffer serious injury just from tripping over as little a thing as a fold in a carpet. In fact, two-thirds of all home falls resulting in death occur at floor level. Another study of fatal falls among farm residents 65 years and older also showed that floors or rugs most often triggered

What to do	*What to say*
Show slide #2— *straightened out fold—hand smoothing it or tacking it down.*	falls. Stairs were second; furniture was third, followed by paved walks, roofs, ladders, and scaffolds. So let us be careful instead of careless, even in small ways. Smooth out those wrinkled rugs and tack your carpets down.
Show slide #3— *dark stairs with arrow pointing to the bottom step.*	According to one doctor, who studies the problem of falls, staircase falls usually occur when a person misses the last step or group of steps, in a mistaken belief that he has already reached the bottom. A major factor contributing to the large number of falls on stairs is poor visibility due to inadequate lighting, particularly on landings and center steps. Falls on steps are most frequent at twilight.
Show slide #4— *good spotlight lighting now on bottom steps.*	Again—there is corrective action to take. Light your way.
Show slide #5— *a woman standing on her tip-toes on a chair attempting to change a light bulb with one hand and reaching on shelf with the other.*	We all multiply our chances of suffering a fall when we stand on chairs or on defective ladders to adjust curtains or replace missing light bulbs. In one recorded case, a woman broke her left wrist and arm falling from a chair in her bedroom. She had clambered up in a closet to reach hat boxes that were stored on a high shelf.
Show slide #6— *a woman standing on a step ladder or step stool changing light bulb—carefully propped and supported.*	What practical steps can we take to keep this kind of thing from happening? First, a person should take time to find a solid ladder to stand on. Prop it carefully. If possible have someone hold it steady for you. Your "Handle With Care" booklet gives you some additional specific directions about ladders. Plan easily accessible storage to prevent excessive stooping, reaching, and climbing.
Show slide #7— *a cartoon showing kids and pets smiling out at the audience.*	Who would think that falls can be caused by our grandchildren and pets? Nevertheless, many reports come to the National Safety Council of falls caused by tripping over grandchildren, especially by people not used to having them around. And, of course, pets or objects that mysteriously seem to pop up in unexpected places also contribute to falls among older people. One New York woman severely sprained her right shoulder and arm while putting her dog outside. The animal suddenly bolted and ran between her legs. His collar caught the hem of her dress and pitched her forward through the back kitchen door and out into an alley between her home and the house next door. That was a truly spectacular spill.
Show slide #8— *tripping over kids and puppy.*	
Lights on.	

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What to do	*What to say*

Furniture inconveniently placed, improperly waxed floors, unanchored rugs and spilled liquids or food have all played the Villain in falls. And unnecessary rushing adds to these dangers. Take your time answering doorbell or phone.

Falls might also decline if each of us became alert to the hazards of structure and furnishing in our homes or apartments. This means, in the first place that we should select a well-designed home or apartment. If this is not practical or possible, we should adequately change, repair, or remodel what we already have. Now, admittedly, safety features are very often the last items on our checklist of what we plan to look for in a home or apartment.

In a Chicago discussion group, one woman commented that for many years she had ignored accident prevention while looking for a place to live. But she went on to say. "Now though, since I've gone through the experience of breaking my hip, I'm very careful to see how many stairs I'll have to climb in any apartment building or flat." 15

Before we give you some more practical suggestions on how to eliminate falltraps from your home or apartment, let's take just a few minutes to discuss how the design of a home or apartment can affect your safety. . . . Design includes many aspects that you cannot control—features such as the placement of rooms in relation to each other, placement of doors and windows, and size and shape of each room. But each of us can control or do something about the traffic patterns and arrangements of furniture within these rooms.

Traffic pattern discussion

Traffic patterns within a room or between rooms should be as straight and direct as possible and provide space to walk without obstacles. Furniture, of any size or shape, becomes a hazard when it is set into the most direct path leading from one room to another, or when it is placed in the path that takes you across a room.

Passage ways or halls should not be cluttered with furniture or other obstacles: their main function is for traffic. Doors should swing into rooms and against walls, never into a downward flight of stairs, or traffic lanes or hallways.

When you change a furniture arrangement—practice walking around it, get consciously used to the change. Many a bumped head and stumped toe can result otherwise. And—so that

What to do	*What to say*
	moving furniture will not be a problem, be sure to buy lightweight furniture when you make a new purchase. It is also important, particularly for older people, not to move any furniture without help. To do so is to invite an accident. Your favorite heirloom pieces of furniture were obviously built to last, and are usually very heavy indeed. Exits to the outside that you must use in case of fire should not be blocked by heavy pieces of furniture—particularly a door leading to the outside or a window in the bedroom that may have to be used as an emergency exit. We have a few home traffic pattern slides now to show you.
Lights out again if necessary.	
Show slide #9— *showing unsafe traffic pattern of a room.*	In this one you can see how the placement of furniture within a living room does not make for a smooth, convenient, direct flow of traffic. To get across this room a person must weave in and out of the furniture.
Show slide #10— *corrected traffic pattern.*	Now here is the same room but with a different arrangement of furniture. This design is certainly much safer because it makes it possible to move directly from one side of the room to the other. It is also more desirable since a group sitting and talking in the living room will not be disturbed by a person having to travel into the middle of their conversation area to get through the room.
	Such traffic patterns are safer because tripping hazards are removed from the paths normally followed by family members or guests.
	Good traffic patterns are also a help in an emergency such as a fire or electrical failure. If the paths are clear, people can move about between rooms without danger of tripping. One very important area for a path free of obstacles is from the bed to the bedroom door and to the bathroom. Persons getting up in the dead of night should have a clear pathway ahead of them.
	Now—how can you be sure that your home or apartment is not a fall trap? Let's review what we've learned and expand it.
Show slide #11— *painted top and bottom step.*	1. You can add abrasive treads or carpet to stairs to prevent slipping. Tack down any loose carpeting. Mixing paint with sand can give you a simple non-slip coating to brush on basement and outdoor steps. Never have small rugs at top or bottom of stairs Stairs will be more visible if you paint a white strip at the step's edge, or paint the top and bottom steps white or a light color.

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What to do	*What to say*
	2. Rugs should be made slip-proof by tacking them down, by placing them on a non-slip pad, or by applying a non-slip backing to them.
Show slide #12— *showing person putting up handrails—distance from wall clear.*	3. You can improve staircase handrails. A railing set out far enough from the wall to allow a good solid grasp is needed on both sides of the stairway. Many modern handrails are too broad or too near a wall for a sudden grasp at the beginning of a fall. There should be extra support for the handrail at the top and bottom stairs. The rail end should be especially shaped so that you can tell by touch that you have reached the bottom stair.
Show slide #13— *same steps—arrows at top and bottom of handrail.*	
	4. Lighting can end many hazards that cause falls. Provide lights at top and bottom of stairs, in the front of closets and storage areas, as well as night lights in bedrooms and bathrooms. Light hallways well, and keep them free of obstacles.
	5. A light for general illumination in each room should be controlled by a switch located directly inside the door so you can light the way ahead of you.
	6. When waxing floors, unless self-polishing wax is used, the wax should be buffed thoroughly to prevent slipperiness.
	7. Spilled food or liquid should be wiped up immediately.
Show slide #14— *bathroom with grab bars, and rubber strips in tub.*	8. Use a non-slip rubber mat in your bath. Add well-anchored horizonal grab bars, 40 inches above the floor, to the wall by the tub. A portable grab bar can be installed over the tub edge to help a person get in and out. Some new tubs even have built-in grab bars.
	9. Your bath tub should preferably be low, with a flat bottom and a built-in seat at the end of the tub. A standard 14-inch-high tub permits a person to step in for a shower.
Show slide #15— *showing all of the safe features described in a shower stall.*	10. A shower stall is even safer. One about three feet by four feet should be adequate in size. It should have a seat, a non-skid floor, and a well-anchored grab bar about 40 inches above the floor.
Show slide #16— *do's and don'ts on windows.*	11. Install windows that open and close easily. Crank-operated hardware is good. All windows should be cleanable on both sides while you are standing safely inside. If they aren't, hire a handyman to do the outside cleaning.
	12. All electrical outlets should be located 28 to 32 inches above the floor and placed so that they do not interfere with furniture.

What to do	*What to say*
***Show slide #17—** furniture "feet" and seats, arrows pointing out the height and depth.*	13. All chairs, sofas, and tables should stand firmly on the floor so that they will not slide when someone leans on them. 14. Seats of chairs and sofas should be of proper height and depth for the person using them to sit down or get up easily.
***Show slide #18—** showing porch with strong railing kept in good repair—safe and happy-looking person waving from it.* *Lights on.*	15. Balconies and porches should have strong railings that are inspected often and kept in good repair. All of these do's and don'ts just point up the fact made by the film we saw last time, that very small and simple things often cause trouble. You remember that in the film one of the injured persons explained, "A bulb burned out in a ceiling fixture. I figured it was not too high, so I got up on a chair to put in a new bulb. I was just able to reach it with the tip of my fingers and lost my balance." What should she have done?
18 *Allow time for class discussion.*	Remember also from that film how one person reported: "They were new bifocals and for a while I couldn't see anything below my knees. Well, the minute I get up I have to get my coffee, so I started to go down stairs just wearing a robe and slippers. The hallway wasn't too light, but I'd been up and down those stairs a dozen times a day—for hundreds of days, and I kept on going. At the head of the steps, I tripped, my slipper flew off, and I went down head over heels." How many things were wrong with that "trip downstairs?"
Allow time for class answers.	That's right—four! Going down stairs in flopping bedroom slippers; wearing new glasses on stairs; not enough light in the hallway; and no handrail on the stairs. Safe homes depend upon safe people. Safe people have adequate knowledge of accident-prevention techniques, reasonable skill in applying these techniques, and a strong sense of individual responsibility. Since safety is a necessity in every home in the country, it is too big a job for any organization or agency to handle alone. It is so big that it can only be handled individually in each home by people sufficiently motivated and sufficiently informed to be responsible for seeing that their home is safe and secure and that they handle themselves with care.

What to do	*What to say*
Closing the lesson	During our next session together we will discuss some of the other causes of accidents in the home. These will include fire and burns, electrical shock, and poisonings. Before our next session then why don't you examine your home particularly for possible causes of such accidents—look for fire hazards, electrical shock hazards, and possible poisoning hazards. Remember, accidents don't just happen, they are caused. Let us not cause them. See you at the next meeting. Meanwhile—Watch Your Step!

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Lesson III

How To Fireproof Yourself

Objectives:

To describe the dangers of fire to all persons but in particular to older people, and to teach methods of prevention and escape. This Lesson also concerns care in handling medicines.

Teaching Materials and Resources

Guest speakers from your local fire department to discuss and demonstrate safety measures. Be sure to inquire into any local legal (permit) requirements and safety precautions to take before conducting any possibly hazardous demonstrations.

Additional demonstrations — possibly using class members—of proper ways to handle kitchen equipment. Tables, pots and pans, pot holders for demonstration, etc.

Labels and/or heating devices to show how to identify safe approved models.

Optional—a fire safety film is not specifically called for in Lesson III but they do exist. Your local fire department, health department, or safety council could probably obtain one for you.

Identification cards (AoA Consumer Guide wallet cards) mentioned on page 28 can be furnished by AoA for class members.

Fire hazard check lists to hand out are obtainable from the National Safety Council, or possibly from your local fire department or fire insurance agent.

Optional—duplicate 18 points on drug safety from pages 28-29 for distribution to class.

What to do	*What to say*
Write the title of this session on blackboard.	We have entitled this lesson, "How to Fireproof Yourself!" Of course, you can't do that literally—but you can safeguard yourself and your family against the horrors and waste of fire. Every hour someone dies from a fire.
(Optional illustration—This is a good spot to use an illustration if you have an opaque projector or other source of visual materials as suggested in Introduction.)	Take a warm summer morning at a home somewhere in the middle of Ohio. Add a drowsy pipe-smoker sitting on a lawn chair, and you have all the ingredients for disaster. Joseph didn't realize that he was steering for trouble as he sat down in his front yard to relax and puff at his pipe. As he dozed, his pipe dropped onto the chair. Soon the padding of the *chaise longue* was smouldering and his clothes ignited. If he had been inside the house, Joseph might not have awakened at all after breathing the poisonous gases produced by the burning fire. Since he was outside, he lived, although he was severely burned by his flaming clothes. The rate at which accidents like this occur has made fire the third most common cause of accidental death to persons of all ages. Nearly 8,000 persons died in fires last year, and over three-fourths of them died at home. Over twice as many fires strike in homes as in all other places put together, including factories, stores, schools, restaurants, and churches. What do these statistics mean to you? They mean that your home may also hold the ingredients for a fire disaster. If you let it.
	The greatest danger of burns from fire is to the young and the old. Children don't know they should try to escape. Older people often cannot escape—cannot hurry down steps or climb out windows. More than one-fourth of the men and women dying from fires or explosions are age 65 or older. The National Safety Council has a number of suggestions that can help you remove fire hazards from your home or apartment.
Have the representative from the fire department demonstrate just how fast paper or clothing will burn when held against a cigarette.	1. Always treat a cigarette as you would a burning match. Smokers spark over 150,000 fires annually in buildings and probably an equal or greater number outdoors, making smoking and matches the leading cause of fire in the United States.

What to do	What to say
	The very act of smoking is in itself a danger, the Surgeon General warns us. But if you do smoke, don't compound that damage by the added danger of accident. By far the deadliest situation involving cigarettes or pipes occurs when a person smokes in bed or while sitting in overstuffed furniture. Often, the victim of such a fire dies from breathing gases produced by the smouldering fires before even being seriously burned. Never smoke in bed or around flammable materials. When you smoke at home, use large ashtrays with broad rims. Never smoke when you're tired and likely to doze.
Ask the class for suggestions as to what fire hazards can be found in the kitchen. List these on the blackboard.	2. Keep in mind that the kitchen is the second most dangerous room in your home and a likely place for fires. Twelve percent of all home accident fatalities and 26 percent of all home accident injuries, happen in the kitchen. A large number of these accidents involve fires, burns, and scalds. You can prevent many of these accidents by merely remembering to turn off stove burners, deep-well cookers, electric stoves, and portable cooking appliances when you are finished using them. When choosing a stove, try to buy one with switches that are easy to use and to identify with the burner or unit they control. Switches located at the front of a range are easier to see and safer than those placed on the back panel behind the burners.
Illustrate—on blackboard.	On older stove models, mark control knob panel clearly, with position for simmer, low, medium, and high heat. Paint markings can be made sensitive to touch by adding abrasives such as sand. Be sure to provide adequate lighting in your kitchen, particularly over work surfaces. Pick a stove if possible with lights which indicate when surface burners and oven are turned on. If such warning lights are not built into your range, it is more necessary than ever to have good lighting near the stove. Install your range away from curtains, and windows that open. Remember that stoves and other major appliances

What to do	*What to say*
	should be periodically adjusted and inspected for best performance and safety.
Have a woman demonstrate on a table (instead of a stove) the correct way to place pots on a stove so that the handles do not protrude beyond the edge of the stove or over another burner.	While cooking, turn pan handles away from the front of the range, and always use heavy potholders. To prevent burns and scalds from spilling hot foods and liquids, use small, light-weight utensils which are easy to lift. Watch out for steam burns. Raise pan lids so that they protect your hands and face from escaping steam rather than expose them. Use big oven gloves that cover your wrist, rather than small pot holders.
In this demonstration make certain that pot holders are used and not the edge of aprons, etc.	Don't overheat cooking fats. If they should begin to blaze, use a large pan cover, kept handy, to smother flaming grease. You can throw baking soda on a grease fire to smother it also, but never use water because it splatters the grease and encourages the flame. For a grease fire in the oven, turn off the oven; if possible, smother the fire with soda, and close the oven.
	3. Remember that gasoline and flammable liquids can be dynamite inside your home. More and more persons store gasoline around the house as fuel for power mowers and boats and also as solvent for cleaning clothes, floors, and paint brushes. Unfortunately, most people think that they're safe as long as they don't bring flame near the gasoline.
	But no matter how much care you take, you can't avoid releasing some gasoline vapor once the liquid is exposed to air. If you let three quarts of gasoline (about enough for an extensive dry cleaning job) evaporate in an average room, every cubic foot in that room will become explosive. A tiny spark, such as a spark from the ring of a doorbell, has been known to demolish a vapor-filled house.
	In one New Jersey accident, a woman was dry cleaning her clothes with gasoline in a tightly-closed kitchen when her daughter came in and swtiched on the fan. The fan produced a small spark which set off an explosion that blew out the side of the house.
	Just as you should never use gasoline or other flammable liquids inside your home, you also should not store them in the house. Even though you don't use the liquids indoors, they could explode when overheated, particularly if they are

What to do	*What to say*
	kept in the basement near heating equipment. Instead, store gasoline outdoors in the container it came in.
	Never use a flammable liquid to start a fire indoors. You can't predict where the vapor will travel as the gasoline evaporates. It could float toward you and explode when you strike a match. There's also the danger of spilling gas on your hands and clothes.
(Optional illustration—neat storage.)	4. **Become a collector, not an accumulator.** Don't let your home or apartment become a dump for combustible objects. Have a plan and purpose for collecting things, since a meaningless collection of junk lures fires and thieves. Clean out your attic and basement often. Trash can add fast-burning fuel to a fire that starts in the home—so toss it out. If possible rent a home or an apartment with ample storage space for your belongings. If you must store paper, wood, or other combustibles, don't pile them near your furnace, range, or any other heat source.
	5. Choose and maintain a safe heating system. If possible, all heat should come from a central furnace, making auxiliary heaters unnecessary. Don't practice **dangerous** economy. Purchase a well-built heating system that needs little attention and maintenance. But even then have a heating serviceman or the fire department check the system each year.
	When buying auxiliary heating appliances make sure they meet the following standards:
	New Heating Unit:
If possible have one of each of the following labels on hand to show the class.	● Gas—Certified Performance (CP), a blue label issued by the American Gas Association.
	● Electric—Underwriters' Laboratories (UL), a yellow label, both on unit and on cord.
	● Oil—(portable) wide base to prevent tripping, fuel reservoir designed to minimize spillage or leakage.
	Secondhand Heating Units:
	● Gas—have inspector from gas company inspect and install.
	● Electric—Check unit for possible short circuits.
	● Oil—same as with new units.

What to do	*What to say*

List these rules on a flip chart or on the blackboard; or prepare a list to be given to all members of the class.

Let's review: To avoid fires due to overheating of unit, flareups, or sparks, take the following precautions:

- Do not store fuel near heaters.
- Always light the match **before** turning on the gas.
- Provide tight screens for fireplaces.
- Follow the manufacturer's direction for use.

To avoid asphyxiation:

- Never go to bed with your auxiliary heater operating.
- Always provide some ventilation or air-change. While the heater is operating—open a window a crack or keep the room door open.

Be careful to see that:

1. Gas jets are not turned on and then left unlit.

2. Oil stoves are lit rapidly to avoid flareup.

3. Drafts and damper on stoves and furnaces are properly set.

4. Deep-well cookers on electric stoves and portable electric cooking appliances are not turned on and forgotten.

If your sense of hearing or of smell is not as acute as it once was, you may not hear warning shouts or smell smoke. You will have less warning time to escape from a fire. Therefore, be especially careful not to make escape necessary.

6. Many fires start as a result of a faulty electrical system. Be sure your house is adequately wired for the appliances that are used. Remember to unplug electrical appliances and turn stove burners off when you are through with them. Sometimes we are absent-minded. Plan a little ritual to make sure you don't forget. One man always dangled the cord of his electric iron out of the window when he finished using it, so he would have to disconnect it. To his friends, the question, "Did you hang the cord out the window?" came to mean, "Did you finish the job properly?"

Ask the class members to share any ritual or method they may use to remind them.

Check all electrical cords to see if they are frayed and worn. If they are, replace them immediately. If a fuse blows or a circuit breaker trips while appliances are being used, it usually

What to do	*What to say*
	means that circuits are overloaded. When lights dim or heating appliances slow as another appliance is turned on, you are also overloading your electrical system—and you have the makings of a fire.
	You can usually tell when there is loose wiring or poor insulation by these signs: You get a slight shock or your hand tingles when you handle lights or a switch. On the other hand, if lights blink or your appliances have unstable "on-off" periods, it usually means there is a loose connection.
Have one of the class members model the right type of clothing to wear when cooking.	7. Dress sensibly to prevent fires. Avoid loose or flimsy garments when you will be standing near stoves or heaters. Clothes with floppy sleeves are fire hazards—so avoid them while you cook.
Ask the representative from the fire department to demonstrate the flammability of certain types of fabrics using both those that are treated with a flame retardant finish and a fabric that is not so treated (again remember the need for proper safeguards for such a demonstration).	Ask for clothing treated with flame retardant chemicals where you shop. Increased consumer demand for this clothing means that more of it will be put on the market. Already flame retardant fabrics are widely used for nightclothes in Great Britain.
	When selecting clothing it is important to know that certain types of fabrics are more flame resistant than others. A closely woven fabric of a heavy weight with a smooth surface will burn less easily than loosely woven fabrics, of a light weight, and with a rough surface.
Ask the representative from the fire department to diagram on the blackboard a house and possible alternate exits in case of fire.	8. Make sure that you can get out alive if there is a fire. Your worst mistake in a fire may be trying to escape a building by the way you entered. In a Cleveland home, two boys died in a fire from which the rest of their family escaped easily. Firemen found one body at the head of the stairs, the other sprawled across the bedroom doorsill. Yet only ten feet across the room was a window that opened onto a porch-roof [illegible] safety.
Following this, ask each member of the class to draw a floor plan of his house or apartment and figure out alternate exits.	Instead of depending on doorways alone, plan an escape route from your apartment or home providing at least two exits from each room.
	Stairs and hallways can carry lethal gases and flames. This means that you may have to exit through windows that are

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What to do	*What to say*
(Optional—List on blackboard 5 Steps to Safety from "Handle Yourself With Care" leaflet.)	not very high from the ground or that lead to porches or extension roofs. If these are blocked, the best idea is to stay at an open window and yell for help. One good precaution against fire is to sleep with your bedroom door closed. But if you do, you should know how to open that door in an emergency.
Have the representative from the fire department demonstrate the proper way to open a door during a fire.	Start by feeling the door. If it is hot to the touch, it's too late to get through it safely. Don't open it. If it isn't hot, it is probably all right to open it but don't jerk it open. Get a solid footing and brace one hip against the door. Put one hand across the door and the jamb, higher than your head. With your other hand, open the door an inch and see what happens. If there is pressure from the door or if incoming air is hot, slam the door shut again.
If possible have some sample fire detection systems on hand to show the class. Have the representative from the fire department explain and demonstrate use of various types of fire extinguishers.	When possible, install a fire department-approved house fire-alarm or smoke-detection system that can give you early warning of a fire. Each home and apartment should have a fire extinguisher. When you buy an extinguisher, be sure it is approved by a national testing agency. But remember, it is not enough just to own one; you must know how to use it. Of course, if possible call the fire department if a fire starts, or dial OPERATOR and tell her to call the fire department. Give the name of your street and the house number or apartment location—and the cause of the fire (if you know it).
Demonstrate what to do if clothing catches fire.	If by chance your clothing ever catches on fire, drop to the floor and try to smother the flame by rolling over and over on the floor. Better yet, wrap yourself in a rug, blanket, or any heavy material available—and roll over slowly. Be sure to wrap the covering first at your neck to keep the flame away from your head. Whatever you do—DON'T run! Before we close this third session on home accidents, something should be said about poison prevention. Medicine is used so commonly today that we tend to take it for granted. We all know the benefits from drugs, but I wonder if we realize that some drugs, when not used wisely and correctly, have the power to kill. We are all aware of the inherent dangers in drugs when they get into the hands of innocent and unknowing children, and we commonly think that poisoning is only a child's problem. But poisoning is a problem of all ages, and particularly for older adults. Obviously, the reasons for this are different.

What to do	*What to say*
	As we grow older we often develop an intolerance or sensitivity to some drugs. In addition to this, the side effects produced by some drugs may cause serious illness. Chances of this happening are not as great when we treat all drugs with respect and avoid making certain errors when taking medicine.
	Here are some suggestions on how to do this:
List these points on a flip chart or on the blackboard or hand out copy of the list.	1. Realize that taking any drug or medicine is a very serious business. Don't be casual or careless when taking any drug—whether it is prescribed, or purchased without a doctor's prescription.
	2. Don't take any drug that you are not sure about. Have a clear understanding of the purpose of the drug, what it looks like, when and how often you are supposed to take it, and how much of it you should take.
	3. If this information is not on the label, write it all down on separate pieces of paper for each medicine.
	4. Always read the label carefully each time you take the medicine.
	5. After you have recovered from an illness, dispose of any medicine that is left over. After a while the properties of many drugs change and taking them could bring on an unfavorable effect.
	6. When a new drug has been prescribed by your current doctor, never continue taking a prescription drug prescribed by a former doctor or a previous prescription from the same doctor, without telling your doctor what you have been taking.
	7. Be sure to consult your physician before you take nonprescription drugs, especially if you are taking prescribed drugs as well, since some drugs may counteract or reinforce others (or be dangerous in combination with others).
(Optional—distribute AoA wallet-size consumer guide which has an identification card with room for this information. Available to instructors from AoA.)	8. Always carry a card with you listing your regular medication in the event of an emergency, particularly if you take insulin, cortisone, heart medicine, and similar drugs.
	9. Never diagnose your own condition or take home remedies.
	10. Take only the drugs that have been prescribed for you—never those prescribed for someone else, even though your illness seems to be similar to theirs.
	11. Never judge the importance of a drug by its appearance. Size of a pill doesn't determine its potency.

What to do	*What to say*
	12. Set up a system for taking your medicine as prescribed so that you won't forget.
	13. Always take the medicine as prescribed by your physician, even if you feel too ill or too tired.
	14. Store all medicines separately from toilet articles, and detergents.
	15. Store internal and external medicines on separate shelves or, better yet, in separate cabinets.
	16. Clearly mark external medicines with a large red X and/or a piece of sandpaper on the cap. (You can feel and recognize this sandpaper warning even in the dark or poor light.)
	17. Place only one night's supply of pills on the nightstand. Confused by sleepiness or the similar appearance of pills, you could take the wrong amount of medicine.
	18. Keep all drugs out of the reach of children who may be visiting your home. One of the most unsuspected places that children find medicine is in grandmother's handbag. 29
	In closing these sections on home accident prevention, I think it would be interesting and beneficial for all members of the class if we take just a few minutes to share with each other some of the accomplishments that we have made, since the beginning of this course, in safety. For example, what hazards have you uncovered in your home and what have you done to eliminate them? Maybe you have installed some new equipment or have rearranged some furniture—it would be interesting to hear about this.
Allow time for class discussion.	Perhaps we should not limit our discussion just to elimination of physical or environmental hazards—it might be interesting and useful for us also to discuss how this course has affected our attitudes.
	Our next session will be our last. We will discuss safety outside of the home. We will concern ourselves with becoming aware of hazards when we go for a walk, when we work in the garden or go shopping, and when we drive. See you at the next meeting.

Lesson IV

When You Walk and Drive

Objectives:

To alert older people to the fact that many pedestrian injuries and deaths are due to carelessness on the part of the walker. To give a true picture of present-day driving hazards in general and to discuss special factors in aging that may affect the driving facility and safety of older people. To suggest specific safety measures to reduce these hazards for older pedestrians and drivers.

Teaching Materials and Resources

Film, "Look Alive" (15-minute, black and white, 16mm), obtainable through your local health department or directly from the National Medical Audiovisual Center, c/o Film Distribution, Chamblee, Georgia 30324.

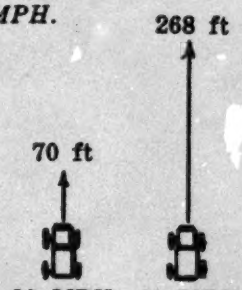
Movie projector and screen.

Local experts from police, auto club, or safety council to add local information and authority.

Traffic signs and emblems obtainable from local police or traffic department.

"Graduation Certificate" to be handed out to class members at end of the Course. Text is included at end of Guide, page 46. Can be duplicated to provide copy for each class member.

The National Safety Council's publication "Skid Stuff" would be a good optional handout for drivers in the class.

What to do	*What to say*
Greet class.	Many of us, especially as we become older, do more walking than we used to when we were younger. Sometimes this walking is for sheer pleasure, or it may be prescribed by the doctor, or it may be the quickest way for us to go from home to the store. We are not required by law to qualify for a "walker's license"—sometimes I think we should be. In one year nearly 10,000 pedestrians were killed in motor-vehicle accidents. It was as if the entire town of Paradise, California; Cairo, Illinois; or Gulfport, Florida, had been wiped out. Many of these accidents were the fault of pedestrians. Others could have been prevented if pedestrians had just walked defensively and "watched out for the other guy" driving the car. Courteous, thoughtful drivers should recognize that there are just as many rude people on foot as on wheels.
Allow time for the class to discuss "Should the pedestrian always have the right of way?"	Pedestrians generally feel that they should always have the right-of-way. Do you think so? Whether a pedestrian is right or not in a squabble with a driver, he should recognize that 150 pounds of flesh and blood can never win against 3,000 pounds of automotive steel. Remember that every automobile has definite limitations. No matter how much a driver may want to stop once he spots you in his path, he can't always halt his car fast enough.
Diagram on the blackboard the stopping time for a car traveling at 30 MPH and at 60 MPH.  	To stop, a motorist must react and brake. Reaction time, for most drivers, is about ¾ of a second. In that time, a vehicle moving at 30 miles per hour travels 33 feet. For a passenger car on level, dry pavement, braking distance at a speed of 30 miles per hour ranges from 36 to 45 feet. This means that our car's total stopping distance from 30 miles per hour is 69 to 78 feet. At 60 miles an hour it is 228 to 268 feet. Remember these statistics the next time you feel like darting out into an intersection while the light flashes, "wait" or "don't walk." In busy city traffic, a driver also has few alternatives if he can't stop his car in time. He can't drive off the side of the road. By following simple safety rules, a pedestrian need never put a driver in this predicament.

What to do	*What to say*
	Statistics indicate that nearly 40 percent of all pedestrian accidents occur because people try to cross streets in the middle of the block. Even if you are not hit by a car while jaywalking, you can be ticketed in many cities.
	In Detroit, a man who had been ticketed 16 times for pedestrian violations was finally sent to jail for 60 days. The Traffic Court just told him: "The way you have been ignoring the pedestrian laws, you are lucky to be alive. I'm sending you to jail for your own protection."
Diagram on the blackboard the various possibilities for "jaywalking."	Illegal maneuvers labeled "jaywalking" also include: Crossing intersection diagonally **unless** such crossing is specifically authorized, ignoring traffic signals, and entering the street from behind parked cars.
In your meeting room, have members of the class demonstrate the right and wrong way of crossing at an intersection.	However, just crossing at the proper spot in the block isn't enough. Forty percent of the pedestrian accidents involving persons of retirement age occur when these pedestrians are crossing between the lines marking walkways. To prevent accidents of this type, it is suggested that you always wait for the beginning of a new green light or "walk" signal before you start across the street. Stand on the curb, not in the street, while waiting to cross.
You might also take class outdoors to nearby street crossing for some of this discussion, standing on corner to observe traffic, traffic lights, and other pedestrians, particularly if a local traffic official is taking part in the lesson. Do not have class actually crossing the street as a group.	Before leaving the curb, look both ways. **Be particularly alert for turning cars.** Be decisive in crossing, and don't stop in the middle of the street to try to figure out whether to turn back or not. But don't run, always walk.
In class have a class member demonstrate the proper way to hold an umbrella when crossing the street.	Use the "convoy" system of crossing when possible by waiting to cross with other pedestrians. Keep your mind on what you are doing and give your full attention to traffic. If you are carrying an umbrella, hold it so that you still have a clear view of oncoming cars. Get into and out of cars on the curb side if possible. When boarding a bus, wait on the curb or on the safety island, move cautiously. As you leave a bus, walk in the safety zone to the crosswalk and directly to the curb. If you are crossing to the opposite side of the street, wait until the bus has moved on. Never dash around or in front of it.
	Use underground or elevated crossings, safety islands, and all other safeguards provided.

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What to do	*What to say*

At night your chances of becoming a pedestrian fatality increase by about 25 percent. Pedestrians should realize that a driver has added trouble seeing and reacting to objects that enter his car's path after dark.

At twilight and dawn, a motorist's vision is likely to be the most seriously limited. There isn't sufficient light for him to see clearly but it isn't dark enough for his headlights to be fully effective.

If you are wearing dark clothing at night or when lighting is bad, most drivers cannot see you until they come within 95 to 195 feet of you. At 30 miles per hour, this gives them scarcely enough time to react and brake. A dirty windshield, poorly adjusted headlights, or the glare of another oncoming car can further reduce a driver's ability to see you. Broaden your margin of safety by wearing white or light clothing or reflector buttons or by carrying a flashlight.

33

Give drivers extra help in bad weather too. In snow and ice or fog when it may be hard for motorists to spot you and stop, put extra living room between you and automobiles. Give yourself additional time to cross streets when roads are slippery.

If you are going to walk along the open road where there are no sidewalks, be sure that your clothing does not blend in with the background. Always walk on the road's left side facing oncoming traffic so that you can see cars approaching. Step off the road when you see a car or truck coming. Never walk along a superhighway even if your car has broken down or run out of gas. Signal first for help just by opening the hood of your car.

Now we will see a film on pedestrian safety that will underscore some of the things that we have been discussing during this hour. Following the showing of this film there will be a brief discussion and a question-and-answer period.

At this time show the film, "Look Alive." It can be secured through your local or State Health Department or directly from the National Medical Audiovisual Center, c/o Film Distribution, Chamblee, Georgia 30324.

What to do	*What to say*
Discussion points following the film.	1. Fatigue—due to loss of sleep or over-work or over-exertion —may cause a pedestrian momentarily to divert his attention and fail to see an approaching car.
	2. Certain medications—sulfa drugs, sedatives, pain killers, antihistamines—may reduce ability to see and act. Ask your doctor about possible reactions to any medicine he prescribes for you. Don't take a walk or certainly don't walk alone, if dizziness, faintness, or blurred vision is apt to follow.
	3. Ability to see moving objects and to judge distances often diminishes as one gets older. Hearing may also become less acute—thus removing a second source of warning of approaching vehicles. A third "diminishment" may be the slowing of reaction time required to cope with danger or an emergency.
34	4. "It is interesting to note," The Southern Medical Bulletin states, that "almost all pedestrian fatalities involve victims who have never been licensed drivers." This is very natural, for if you have never driven yourself, you may very well be quite ignorant of the ways of traffic and automobiles. You are not aware of how fast cars really go, the distances required to stop, or maneuvering limitations.
	There are, of course, outdoor safety and accident prevention problems and possibilities other than trying to get through traffic unharmed. For example, falls—which we talked about in the home in earlier lessons—can also be a danger outside the home. Good lighting outside your house at night and good traffic patterns through your yard at all times are important.
(Optional illustrations—to fit text.)	
	You may be an enthusiastic gardener, with a green thumb. In your gardening, either in a tiny backyard or on acres of rural land, be careful not to overdo. Don't work too long, too hard, too fast. Don't carry heavy loads of dirt or plant materials. Watch your step—don't be tripped by trailing vines, pruned twigs, or discarded tools. Fill in holes and pick up objects that might cause you to trip. Wet leaves in autumn are a special hazard.
	As a matter of fact, you must watch everywhere for foot hazards. When walking just for pleasure or on business—before you ever get to a corner crossing—are you prepared to sidestep a hazard, such as a broken place in the sidewalk?

What to do	*What to say*
	Make it fashionable to carry a cane if you need one.
	Use it with flourish, but don't get its tip or that of an umbrella caught in a hole in the pavement.
Demonstrate proper way to carry package.	And finally, when you have safely negotiated sidewalks, streets, crosswalks, and bus stops outside your home and have arrived at your shopping destination—keep on being careful. Don't carry heavy packages or awkward, bulky ones that keep you from seeing where you are going. Be particularly careful if you ride the escalator. Watch out again for your cane, umbrella, or shoes. Don't get them caught in the moving treads, and hold onto the handrail on a moving stairway just as you would on a regular stair.
	Exercise care when walking in the snow. Better yet, stay at home until sidewalks are cleared. Any appointments you can break, such as beauty parlor or shopping with friends, do so. If there is an urgent need for you to go out, try to have someone go with you.
	Wear sun glasses to protect your eyes from the glare of the snow and shadows. In iced-over areas be extra careful, and hold onto the arm of your companion. Stay clear of ice and walk in the safer snow.
	Although we have been discussing the problems of traffic from the point of view of the pedestrian, discussion of driver safety still needs to be talked about. The subject of safe driving is a major one and deserves a course all of its own. In fact, the National Safety Council offers such a course for all drivers.
Handouts describing the Defensive Driving Course can be secured from the: National Safety Council 425 N. Michigan Avenue Chicago, Illinois 60611	Its "Defensive Driving Course" is a program aimed at traffic accident prevention. It offers every licensed motorist in the United States a standardized method for improving his driving ability.
Ask for a show of hands from those who might be interested in taking the Defensive Driving Course.	Since the subject of safe driving is so enormous, we will just touch on some of the highlights in this course. We hope they assist you in becoming a better and safer driver. Then, if you should be interested in pursuing the study of defensive driving, why not speak to me following this lesson? If a sufficient number are interested we will check into the possibilities of obtaining the National Safety Council's Defensive Driving Course for our group. There are certain fees involved.

What to do	*What to say*
	For now, we'll concern ourselves with a few points that will add to your assets as a driver. First let us take a brief intermission at this point—time to stretch—and then we'll talk a little about driving.
Break.	
After break.	The experts tell us that if you are a driver over 65, you are equipped with certain built-in safety devices that can be as valuable in a crisis as safety belts or collapsible steering wheels.
	According to psychologists and safety officials, you have better judgment of situations and more coolness in an emergency than the younger drivers.
	Calmness in a crisis can be a greater boon than speedy reaction time. After studying professional truck drivers who were nearing retirement, a group of Harvard professors concluded a few years ago that "a young driver may handle an emergency because he can lift his foot from the accelerator and apply brake pressure a quarter or a half-second earlier than the older men, but the older men may handle the same situation as successfully by beginning a defensive maneuver three seconds earlier."
	Because reason rules impulses, you have better emotional control and will gamble less than the younger driver. This may be why the senior driver is involved in fewer accidents caused by speeding or drinking than younger motorists. It is estimated that only about five percent of the traffic tickets given to your age group are given for speeding.
	You are more aware of your limitations than younger drivers are of theirs, and you restrict your driving at times when motoring is difficult. While younger drivers have over half of their accidents between dusk and dawn, only 20 percent of the drivers over 65 have their accidents during these hours.
	Careful driving has paid off in statistics. The National Safety Council estimates that in 1967, retirement-age drivers made up 8.4 percent of all motorists and accounted for 7.8 percent of all fatal accidents. Barring consideration of miles of exposure, this percentage of accidents is less than can be expected.
	The cost of traffic accidents is still too high when more than 20 Americans over 65 die daily in motor-vehicle accidents.

What to do	*What to say*
	To reduce this waste of life, senior drivers have to better their performance.
Write on the blackboard: • *failure to yield* • *disregard for signals* • *improper turning* • *following too closely*	One way of improving your motoring is by learning new ways to handle tricky traffic situations and new ways to avoid the major driving violations for your age group—failure to yield the right-of-way, disregard for signals and signs, improper turning, and following too closely.
	The leading mistake involving accidents among senior drivers is the failure to yield the right-of-way. This may be because most retirement age motorists learned to drive when roads were narrow, two-laned, low-speed travel routes, requiring little regard for right-of-way privileges. But today, multi-lane traffic arteries and a mushrooming number of motor vehicles have made right-of-way an integral part of the highway code.
	Most right-of-way accidents happen while drivers are turning. Always try to know your turns in advance so that you get into position early and slow gradually. Watch for map landmarks, "next exit" signs, or house numbers. Remember that sudden, last-minute swerves can cause pile-ups. 37
Draw an intersection on the blackboard and with the use of blocks instead of cars demonstrate the proper way to make a right and left turn.	As you approach the intersection let others know what you are doing and where you are going. Flash your turn signals at least a half block before the intersection. When turning right, hug the right curb to block anyone from trying to pass on your right. Watch for small cars, bikes, and scooters coming between you and the curb.
Write this rule of the road on the blackboard.	In a left-hand turn, don't dispute the right-of-way with oncoming traffic or take a chance and try to beat approaching cars. The rule of the road is that oncoming cars always have the right-of-way.
Use blackboard to illustrate.	When two vehicles enter an intersection from different highways at the same time, the driver of the vehicle on the left shall yield the right-of-way to the vehicle on the right. But when the shoe is on the other foot, don't risk your neck on this rule. Some drivers forget, and nobody wins a tie.
	Check your mirrors to make sure the driver behind knows that you are about to turn left. Otherwise, he may try passing on your left just as you start your turn.

What to do	*What to say*
	Accidents sometimes occur when a car waiting to make a left turn is hit from behind and forced into the path of oncoming traffic. Avoid this problem by keeping your wheels turned straight ahead while you are waiting. Then if someone hits you from behind you won't head into approaching vehicles.
With the same intersection diagram and blocks demonstrate this problem for the class or simply draw on blackboard.	As you near any intersection, whether turning or not, always lift your foot from the accelerator and poise it over the brake pedal to give yourself an extra split second of reaction time. Look first to the left, then to the right, since traffic from the left is closer to you and crosses your path first.
Have drawings or photographs of various traffic signs to show the class, probably obtainable from your local traffic department or safety council.	Related to right-of-way accidents are mishaps involving disregard for signs and signals. Always obey traffic signs and signals at intersections, and be prepared to yield when other drivers do not.
	Following too closely is a common fault for drivers of every age. To avoid collisions with the vehicles ahead, stay alert. Look beyond the car you are following to spot situations that may force the driver ahead to act quickly, thereby threatening you. Are there marked or unmarked intersections? Are there marked cars, pedestrians, or livestock present? Watch for signs from the driver ahead, such as turn signals or brake lights that tell you what he intends to do.
	Stay well back of the car ahead as you ride. Allow two seconds' worth of space between yourself and the car in front of you. Watch to see when the car ahead passes a landmark such as a culvert, expansion joint in the pavement, road signs or other marker.
Diagram this formula on the blackboard.	As the car ahead passes the marker, start counting aloud "One-thousand and one, One-thousand and two." (This will take you about 2 seconds.) If your car reaches the same marker before you have finished counting off the two seconds, you're too close to the car ahead. Lengthen the cushion of space between you and that vehicle at once.
	Contrary to what many people believe, most motor-vehicle accidents are preventable by one or both drivers involved in accidents, even though it sometimes involves letting the driver in the wrong have the right-of-way. There are many reasonable precautions that drivers can take to tailor their driving behavior to the unexpected actions of other drivers and pedes-

What to do	*What to say*
	trians, the unpredictable factors of light, weather, road and traffic, the mechanical condition of their vehicles, and their own feelings.
Ask for a show of hands to see how many class members have seat belts in their cars and how many use them.	Before bringing this course to a close, the value of seat belts should be strongly pointed out. It has been proven through testing that seat belts have saved many lives in accidents. Many deaths occur in traffic accidents when people are thrown out of the car and crushed by their own car or the other automobile. Seat belts, when used, hold you firmly in the car.
Ask for some personal testimonies from the class members about how the use of seat belts has assisted them in an accident.	Another factor in favor of using seat belts is that many people, at times of collision, are thrown through the front windshield, resulting in severe cuts and possible concussions. Seat belts can keep you in place. They can prevent very serious injuries.
	Seat belts should be used on every trip, short or long, by people of all ages. They are especially important for older people because older bones are more apt to break, and such breaks are apt to be slower in healing.
Course conclusion.	I wish to thank you for participating in our sessions. I have enjoyed them very much; I hope you have too. They were not designed to entertain us but to educate us so that we will learn to handle ourselves with care and prevent accidents causing us to suffer disabling injuries and even possible death.
	As you leave this class I hope you will turn teachers yourselves and pass some of our key safety tips on to friends and relatives. If enough of them are interested, we might be able to repeat the Course for them.
Hand out certificate to each "graduate." (Copy on page 46.)	As a kind of graduation certificate, I have a copy of the definition of safety we talked about in Lesson II for each one of you. Post it in a prominent place in your home. Read it now and then, to remind yourself of our pleasant time together and of your safe future. Handle yourselves with care!

Sources of Information and Assistance

Local Resources

Official and non-official agencies in your community, which can render a real service in helping you develop a valuable accident-prevention course, include:

- Health department
- Motor vehicle department
- Local safety council
- Adult education classes
- Local senior centers
- Police department
- Fire department
- Local auto club
- Affiliates of national groups listed below

As an illustration, volunteer firemen can help get the message across for a specific fire-prevention program; police or traffic officials could provide a major part of your pedestrian and driver safety demonstrations.

Local schools may have audiovisual equipment to loan.

Local safety programs may already be in operation. If so, find out about them and see how your group can help promote them.

State Agencies

A list of State agencies on aging is given on pp. 41–42. Many have developed publications and training material in the safety field.

The National Safety Council maintains lists of State and local safety councils. Its address is 425 N. Michigan Ave., Chicago, Ill. 60611.

National Organizations

Many of the national organizations listed below have local club affiliates. You might find their members helpful in organizing and promoting accident-prevention programs in local communities, or in supplying additional program material.

American Automobile Association, Traffic Engineering and Safety Division, 1712 G St., N.W., Washington, D.C. 20006.

American Association of Motor Vehicle Administrators, 1155 15th St., N.W., Washington, D.C. 20005.

American Association of Retired Persons and the National Retired Teachers Association, 1225 Connecticut Avenue, Washington, D.C. 20036.

American National Red Cross, National Director Safety Services, 17th and D Sts., N.W., Washington, D.C. 20006.

Auto Industries Highway Safety Committee, 2000 K St., N.W., Washington, D.C. 20006.

Automotive Safety Foundation, Women's Division, 200 Ring Bldg., Washington, D.C. 20006.

General Federation of Women's Clubs, Program Planning Office, 1734 N St., N.W., Washington, D.C. 20006.

National Council on the Aging, 315 Park Ave., South, New York, N.Y. 10010.

National Council of Senior Citizens, Inc., 1627 K St., N.W., Washington, D.C. 20006.

Federal Agencies

Administration on Aging, Information Division, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201.

Associate Regional Commissioners on Aging are listed on page 43.

Federal Extension Service, U.S. Department of Agriculture, Division of Home Economics Programs, Washington, D.C. 20201.

National Highway Safety Bureau, U.S. Department of Transportation, Washington, D.C. 20591.

STATE AGENCIES ON AGING

ALABAMA:
Commission on Aging
459 South Goldthwaite St.
Montgomery, Alabama 36104

ALASKA:
Office of Aging
Department of Health and Welfare, Pouch H
Junea, Alaska 99801

ARIZONA:
Division for Aging
State Department of Public Welfare
1624 West Adams St.
Phoenix, Arizona 85007

ARKANSAS:
Office on Aging
State Capitol Building
Little Rock, Arkansas 72201

CALIFORNIA:
Commission on Aging
1108 14th St.
Sacramento, California 95814

COLORADO:
Division of Services for the Aging
State Department of Social Services
1600 Sherman Street
Denver, Colorado 80203

CONNECTICUT:
Commission on Services for Elderly Persons
90 Washington St., Rm 312
Hartfort, Connecticut 06115

DELAWARE:
Commission on Aging
P.O. Box 57,
Dupont Parkway N.
Smyrna, Delaware 19977

DISTRICT OF COLUMBIA:
Interdepartmental Committee on Aging
Department of Public Welfare
122 C St., N.W., Room 803
Washington, D.C. 20001

FLORIDA:
Commission on Aging
1309 Thomasville Road
Tallahassee, Florida 32303

GEORGIA:
Commission on Aging,
Room 224
881 Peachtree Street, N.E.
Atlanta, Georgia 30309

GUAM:
Department of Health and Social Services
Government of Guam
P.O. Box 2816
Agana, Guam 96910

HAWAII:
Commission on Aging
1040 Ahiahi St.
Honolulu, Hawaii 96817

IDAHO:
Office on Aging
Office of the Governor
317 Main St.,
Boise, Idaho
83702

ILLINOIS:
Division of Community Services
Department of Public Aid
State Office Building
Springfield, Illinois 62706

INDIANA:
Commission on the Aging and Aged
1015 New State Office Bldg.
Indianapolis, Indiana 46204

IOWA:
Commission on Aging
State Office Building
Des Moines, Iowa 50319

KANSAS:
Division of Services for the Aging
Department of Social Welfare
State Office Building
Topeka, Kansas 66612

KENTUCKY:
Commission on Aging
State Office Building
207 Holmes St.
Frankfort, Kentucky 40601

LOUISIANA:
Commission on the Aging
P.O. Box 44282
Capitol Station
Baton Rouge, Louisiana 70804

MAINE:
Services for Aging
Department of Health and Welfare
State House
Augusta, Maine 04330

MARYLAND:
Commission on Aging
State Office Building
301 West Preston St.
Baltimore, Maryland 21201

MASSACHUSETTS:
Commission on Aging
19 Milk St.
Boston, Massachusetts 02109

MICHIGAN:
Commission on Aging
1101 South Washington Ave.
Lansing, Michigan 48913

MINNESOTA:
Governor's Citizens Council on Aging
555 Wabasha Ave., Room 204
St. Paul, Minnesota 55101

MISSISSIPPI:
Council on Aging
316 Woolfolk State Office Bldg.
501 N. West St.
Jackson, Mississippi 39201

MISSOURI:
Office of Aging
Department of Community Affairs
501 Jefferson Building
Jefferson City, Missouri 65101

MONTANA:
Commission on Aging,
410 Mitchell Building
Helena, Montana 59601

NEBRASKA:
Advisory Committee on Aging
State House Station 94784
Lincoln, Nebraska 68509

NEVADA:
Bureau of Aging Services
Department of Health, Welfare and Rehabilitation
201 South Fall St.
Carson City, Nevada 89701

NEW HAMPSHIRE:
Committee for the Older Americans Act
1 South St.
Concord, N. H. 03301

NEW JERSEY:
New Jersey Division on Aging
Department of Community Affairs
P.O. Box 2768
Trenton, New Jersey 08625

NEW MEXICO:
Older Americans Program
Department of Health and Social Services
P.O. Box 2348
Santa Fe, New Mexico 87501

NEW YORK:
State Office for the Aging
11 North Pearl St.
Albany, New York 12207

NORTH CAROLINA:
Governor's Coordinating Council on Aging
Administration Building
116 West Jones St.
Raleigh, North Carolina 27603

NORTH DAKOTA:
Staff Assistant on Aging
Public Welfare Board
State Capitol Building
Bismarck, N. D. 58501

OHIO:
Division of Administration on Aging
Department of Mental Hygiene and Correction
State Office Building
Columbus, Ohio 43215

OKLAHOMA:
Special Unit on Aging
Department of Public Welfare
P.O. Box 25352, Capitol Station
Oklahoma City, Okla. 73125

OREGON:
Program on Aging
State System of Higher Education
1479 Moss Street
Eugene, Oregon 97403

PENNSYLVANIA:
Office of Family Services
Department of Public Welfare
Health and Welfare Building
Harrisburg, Pa. 17120

PUERTO RICO:
Puerto Rico Gericulture Commission
Department of Health
P.O. Box 9342
Santurce, Puerto Rico 00908

RHODE ISLAND:
Division on Aging
Executive Department
25 Hayes St.
Providence, R. I. 02908

SOUTH CAROLINA:
Interagency Council on Aging
1001 Main St., Room 218
Columbia, S. C. 29201

SOUTH DAKOTA:
State Planning Agency
State Capitol Building
Pierre, South Dakota 57501

TENNESSEE:
Commission on Aging
Capitol Towers, 510 Gay St.
Nashville, Tennessee 37219

TEXAS:
Governor's Committee on Aging
P.O. Box 12125
Capitol Station
Austin, Texas 78711

UTAH:
Council on Aging
Department of Health and Welfare
State Capitol Bldg., Rm. 116
Salt Lake City, Utah 84114

VERMONT:
Interdepartmental Council on Aging
118 State St.
Montpelier, Vermont 05602

VIRGINIA:
Commission on the Aging
9th Street Office Building
9th and Grace Streets
Richmond, Virginia 23219

VIRGIN ISLANDS:
Commission on Aging
Insular Department of Social Welfare
Charlotte Amalie
St. Thomas, V. I. 00801

WASHINGTON:
Council on Aging
Department of Public Assistance
P.O. Box 1162
Olympia, Washington 98501

WEST VIRGINIA:
Commission on Aging
Professional Building
Room 410, 1036 Quarrier St.
Charleston, West Va. 25301

WISCONSIN:
Division on Aging
Department of Health and Social Services
Room 690, 1 West Wilson St.
Madison, Wisconsin 53702

Samoa and Wyoming do not have designated State agencies at this time.

ADMINISTRATION ON AGING REGIONAL REPRESENTATIVES

Region	*Address*	*States*
I	Associate Regional Commissioner on Aging, SRS D/HEW Region I John Fitzgerald Kennedy Federal Building Boston, Massachusetts 02203	Conn., Me., Mass., N.H., R.I.
II	Associate Regional Commissioner on Aging, SRS D/HEW Region II 26 Federal Plaza New York, New York 10007	Del., N.J., N.Y., Pa.
III	Associate Regional Commissioner on Aging, SRS D/HEW Region III 220 7th Street, N.E. Charlottesville, Virginia 22901	D.C., Ky., Md., N.C., Va., W.Va., Puerto Rico, Virgin Islands
IV	Associate Regional Commissioner on Aging, SRS D/HEW Region IV Room 404, 50 Seventh Street, N.E. Atlanta, Georgia 30323	Ala., Fla., Miss., S.C., Ga., Tenn.
V	Associate Regional Commissioner on Aging, SRS D/HEW Region V Room 712, New Post Office Bldg. 433 West Van Buren Chicago, Illinois 60607	Ill., Ind., Mich., Ohio
VI	Associate Regional Commissioner on Aging, SRS D/HEW Region VI 601 East 12th Street Kansas City, Missouri 64106	Iowa, Kans., Mo., Minn., N.D., Nebr., S.D.
VII	Associate Regional Commissioner on Aging, SRS D/HEW Region VII 1114 Commerce Street Dallas, Texas 75202	Ark., La., N.M., Okla., Tex.
VIII	Associate Regional Commissioner on Aging, SRS D/HEW Region VIII Room 9017, Federal Office Bldg. 19th and Stout Streets Denver, Colorado 80202	Colo., Ida., Mont., Utah, Wyo.
IX	Associate Regional Commissioner on Aging, SRS D/HEW Region IX 406 Federal Office Building 50 Fulton Street San Francisco, California 94102	Calif., Nev., Ore., Ariz., Wash., Alaska, Hawaii

The following two pages contain models or camera copy for the Home Assignment Sheet to be given out during Lesson I and the "graduation" certificate suggested for use at end of the Course (Lesson IV).

You can copy text or clip dotted lines as indicated and make duplicate copies. The first signature line at the bottom of the Certificate is suggested for use by Instructor or Sponsor; the second by State agency or AoA.

*U. S. GOVERNMENT PRINTING OFFICE : 1969 O - 333-813

Home Assignment Sheet to be distributed to all course enrollees at end of Lesson I for their completion at home.

CUT ALONG DOTTED LINE AND DUPLICATE ENOUGH COPIES FOR ALL YOUR COURSE ENROLLEES

HOME ASSIGNMENT SHEET — LESSON I

HOME SAFETY QUESTIONNAIRE

How safe is your home? How safe are your actions in it? Take a careful look at it now— Check the YES or NO columns below. Then rate your home's safety and yourself as "manager."

	YES	NO
1. Do you have a sturdy handrail by your stairs?	☐	☐
2. Is there a grab bar by your tub or shower?	☐	☐
3. Is there a grab bar or satisfactory substitute near toilet?	☐	☐
4. Do you have safety strips or a non-slip mat in your bathtub or shower?	☐	☐
5. Are stairs well lighted?	☐	☐
6. Can you switch lights on at top and bottom of stairs to light your way ahead?	☐	☐
7. Do you have nightlight or flashlight by bed?	☐	☐
8. Is your kitchen well lighted, particularly near the stove?	☐	☐
9. Do warning lights on stove indicate which burners are lit?	☐	☐
10. Are stove's heat settings clearly marked?	☐	☐
11. Are all flammable fluids stored *outside* your home?	☐	☐
12. Do you have and use screens for room heaters & fireplaces?	☐	☐
13. Can your electrical appliances meet safety standards?	☐	☐
14. Have you planned an escape route from your home if fire blocks usual exits?	☐	☐
15. Are your stairs free from clutter which might cause falls?	☐	☐
16. Is furniture arranged to give you clear paths within and between rooms?	☐	☐
17. Are all small rugs tacked down or anchored with non-slip mats?	☐	☐
18. Are all frayed spots in rugs mended?	☐	☐
19. Are medicines for external use marked differently from those for internal use, and stored separately?	☐	☐
20. Are your cleaning materials stored separately from medicines and foods?	☐	☐

RATE YOUR ANSWERS

From 18 to 20 YES answers—Your safety precautions are excellent.
From 15 to 17 " " —Pretty good, BUT . . .
From 10 to 14 " " —Better watch out.
Less than 10 " " —Some CHANGES need to be made!

Correct what you can and prepare to discuss any problems at our next Lesson.

CERTIFICATE

TO_____

Congratulations on successfully completing the AOA-NSC accident prevention course. We hope it will contribute extra hours of activity and happiness to your life, and keep you always aware of the need for positive action against the dangers that cause accidents.

The following definition of the value of safety from our second Lesson is worth posting in your home and reading frequently as a reminder.

"Safety is positive. It is doing things the right way. It is being interested in the welfare of others. It is a contribution to good living, to good government and respect to law and order, to efficient production, and to the well-being of every individual.

"Safety is the protector of your independence. Safety gives you the ability to go where you want and when you want. Therefore, safety helps provide you with your self-respect, your economic independence, and your right to happiness."

Remember this and our lessons together and—above all—Handle Yourself With Care!

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"CUT ALONG DOTTED LINE AND USE MODEL CERTIFICATE TO DUPLICATE SUFFICIENT COPIES FOR YOUR "GRADUATES"

(Place black paper behind sheet if text from other side shows through when you reproduce it.)

Certificate for use at end of Lesson IV—for all enrollees completing the course.

The Administration on Aging

of the U.S. Department of Health, Education, and Welfare has been established to provide a strong central focus and responsibility within the Federal Government on all matters of concern to older people and those who work with and for them. It is the channel for exchange of information and help between State organizations on aging and the Federal Government. For a free list of other AoA publications write to the Administration.

About the Authors

Mr. Richard J. Winsor, now head of the Religious Activities Department of the National Safety Council, was Consultant on Aging for the Home Department of the Council at the time this Guide was drafted. In that capacity, he has worked with national organizations concerned with aging in development of other accident-prevention programs for Older Americans.

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